

APR 08 2013

COVER PAGE



Please type or print in ink.

NAME OF FILER

Marquez

By (LAST)

Jorge

(FIRST)

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COVINA CITY CLERK
(MIDDLE)

13 APR 2 PM 1:10

1. Office, Agency, or Court

Agency Name

State of California - Senate

Division, Board, Department, District, if applicable

24

Your Position

Field Deputy

► If filing for multiple positions, list below or on an attachment.

Agency: City of Covina / Covina Valley Unified School Dist.

Position: Candidate / Personnel Commissioner

2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County☐ County of☒ City of Covina☒ Other School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is 3/19/2013, through December 31, 2012.

☒ Assuming Office: Date assumed 3/19/2013☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2012, through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☒ Candidate: Election year 2013

and office sought, if different than Part 1:

City of Covina Councilmember

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the penalties for false or misleading information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed 04/01/2013

(month, day, year)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Jorge A. Marquez

► NAME OF SOURCE (Not an Acronym)

UFCW 1428

ADDRESS (Business Address Acceptable)

705 W. Arrow Hwy, Claremont CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Leukemia & Lymphoma Society - Fundraiser

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/30/12	\$150.00	Golf Play
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____